

Resources for Effective Sleep Treatment (REST): case study of engaging general practice teams to improve the quality of care for patients presenting with sleep problems

A N Siriwardena, University of Lincoln

Michelle Tilling, NHS Lincolnshire

Fiona Togher, NHS Lincolnshire

Roderick Orner, University of Lincoln

Michael Dewey, Institute of Psychiatry



Method: multiple case study

- ❑ Empirical enquiry investigating a contemporary phenomenon in real-life context
- ❑ Boundary between phenomenon and context unclear
- ❑ Using multiple sources of evidence, triangulating data



Yin RK (2003) *Case study research: design and methods* Ca, Thousand Oaks: Sage.

Questions

- Why and how did general practices engage to improve quality of care for insomnia?
- What was the effect of this engagement?
- What are the lessons for future quality improvement collaboratives?



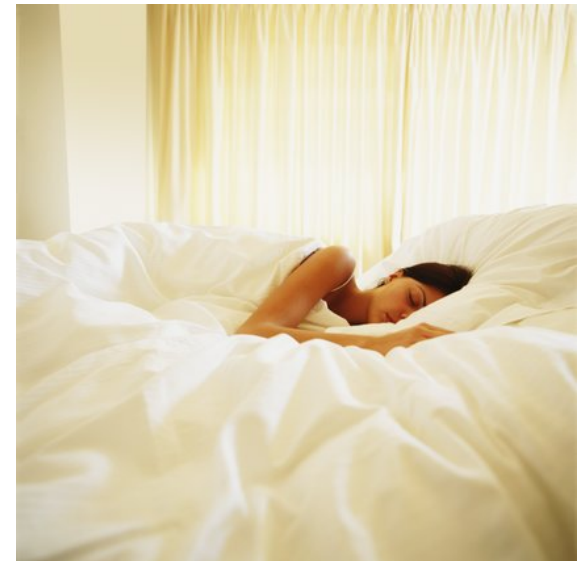
Insomnia and general practice

- ❑ Common > 30% of adults in any year
- ❑ Recurrent or chronic in 33%, i.e. 10% of population
- ❑ Psychological, physical effects, reduced productivity and impaired quality of life
- ❑ Hypnotic drug use persistent despite evidence for non-pharmacological interventions

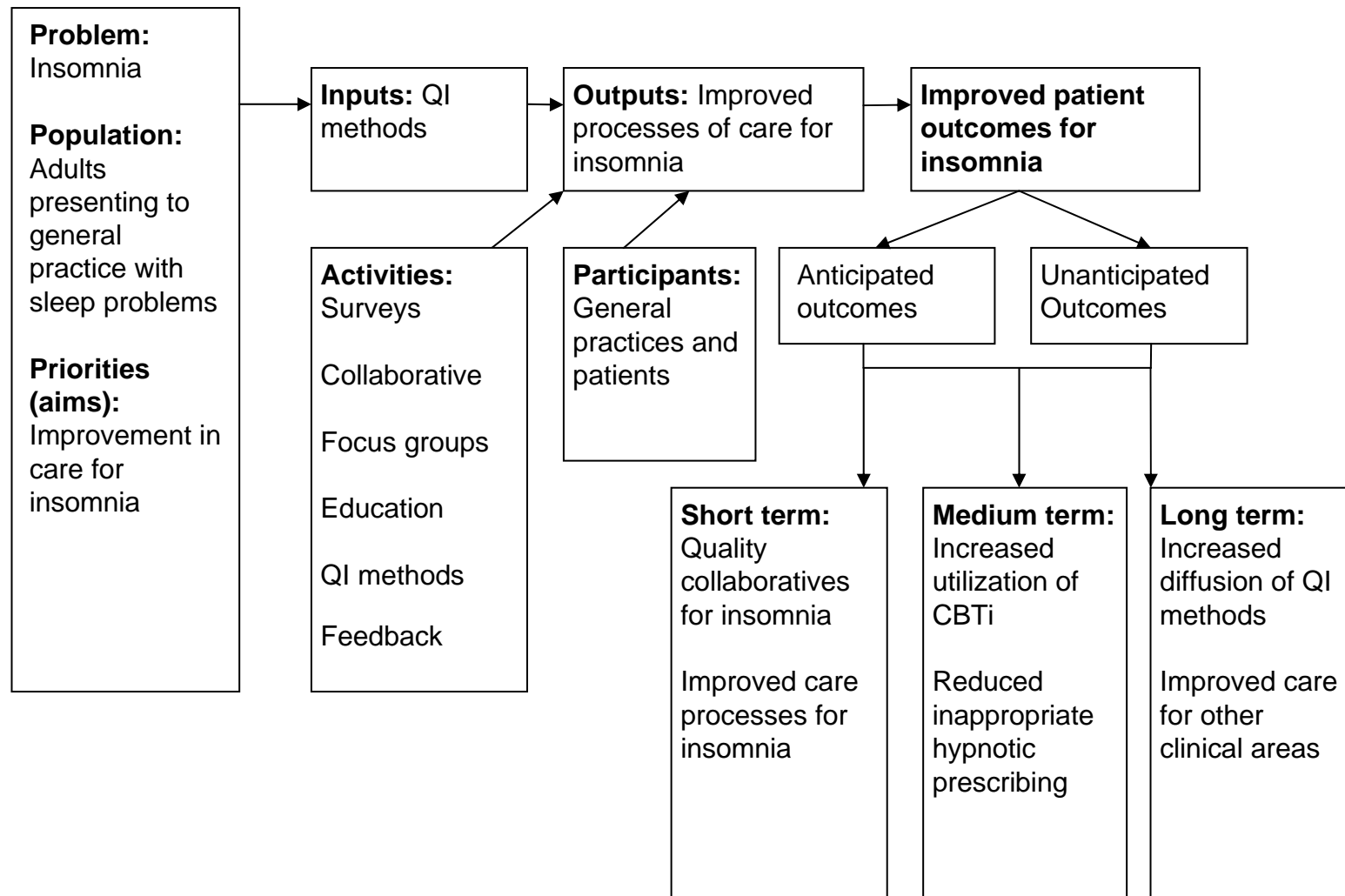


Resources for Effective Sleep Treatment

- ❑ Improve the user experience of treatment for insomnia
- ❑ Increase non-pharmacological treatment of insomnia
- ❑ Reduce rate (and costs) of inappropriate Z- drug and benzodiazepine hypnotic prescribing




Logic model: design



Wholey, J.S. (1979). Evaluation: promise and performance. Washington, D.C.: Urban Institute.

Practitioner beliefs about sleep

- 
- ❑ GPs did not like prescribing drugs but were not sure what else they could do or how to do this
 - ❑ Compared to anxiety where GPs tended to use or refer for psychological treatments for insomnia, drugs were often an early choice of treatment, particularly Z drugs over benzodiazepine hypnotics
 - ❑ GPs positive to initiatives to reduce inappropriate prescribing

Siriwardena AN, Qureshi Z, Gibson S et al. Family doctors' attitudes and behaviour to benzodiazepine and Z drug *BJGP* 2006.

Siriwardena AN et al. General practitioners' preferences for managing insomnia and opportunities for reducing hypnotic prescribing. *J Eval Clin Pract* 2010 (in press).

What patients told us about hypnotics

- ▣ 95% had taken hypnotics for 4 weeks or more
- ▣ 45% advised to continue treatment for a month or more and a further 42% not advised on duration
- ▣ 92.1% were on repeat prescriptions
- ▣ 87.9% first prescribed by GP
- ▣ 18.6% wished to stop medication

Siriwardena AN, Qureshi MZ, Dyas JV, Middleton H, Ørner R. Magic bullets for insomnia? Patients' use and experience of newer (z drugs) versus older (benzodiazepine) hypnotics for sleep problems in primary care. *BJGP* 2008.




ISI

PSQI

[illegible]

What patients needed

- 
- ▣ Listening, empathy, taking the problem seriously
 - ▣ Health beliefs: concerns about sleep tablets vs. need for help
 - ▣ Previous self-help: what they have tried already: OTC, complementary
 - ▣ Careful assessment
 - ▣ Problem focused therapy: including CBT-i

Dyas JV et al. Patients' and clinicians' experiences of consultations in primary care for sleep problems and insomnia: a focus group study. *BJGP* 2010; 60: 329 -333.

What practitioners needed to understand

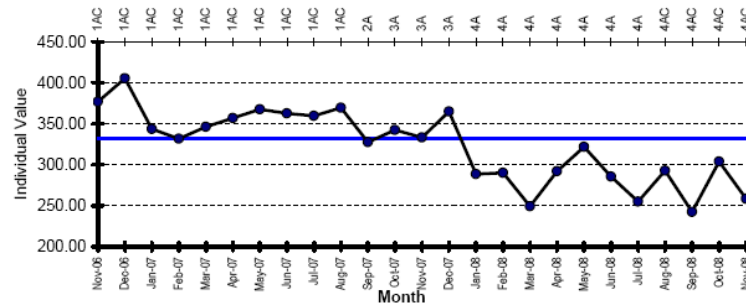
- ❑ Don't assume that patients would always want or need a prescription
- ❑ Many patients had tried non-drug treatments but not adequately or consistently
- ❑ Patients are often open to alternatives



Dyas JV et al. Patients' and clinicians' experiences of consultations in primary care for sleep problems and insomnia: a focus group study. *BJGP* 2010; 60: 329 -333.

Changes in processes and prescribing

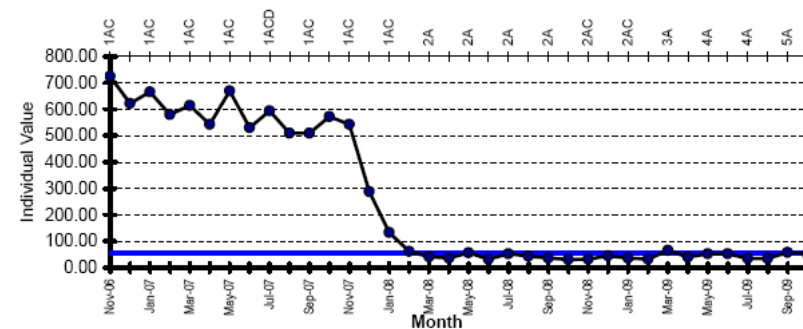
SWINGBRIDGE SURGERY



N 25
Average 322.8644
Median 331.59
N Runs 4
Min Runs 8
Max Runs 17
Special Cause(s) Detected

Tests:
A. Fails Runs Test
B. Trend of 7
C. 8 One Side of Median
D. 14 Alternating
E. 7 Same Value
X. Excluded or Missing Data

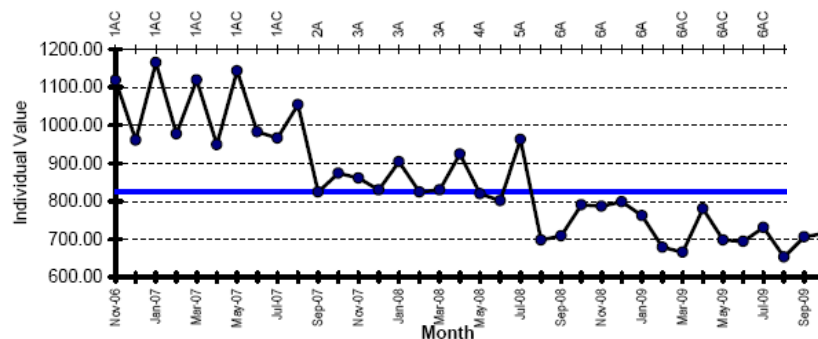
BINBROOK SURGERY



N 36
Average 250.691111
Median 56.48
N Runs 6
Min Runs 13
Max Runs 24
Special Cause(s) Detected

Tests:
A. Fails Runs Test
B. Trend of 7
C. 8 One Side of Median
D. 14 Alternating
E. 7 Same Value
X. Excluded or Missing Data

NEWMARKET MEDICAL PRACTICE



N 36
Average 854.529444
Median 824.515
N Runs 6
Min Runs 13
Max Runs 24
Special Cause(s) Detected

Tests:
A. Fails Runs Test
B. Trend of 7
C. 8 One Side of Median
D. 14 Alternating
E. 7 Same Value
X. Excluded or Missing Data

Why did change occur?



Interest in topic

Funding

High prescribing

Concern re hypnotics

Peer pressure

Non-PCT initiative

Non-QOF



Initial interest



**Engagement and
innovation**

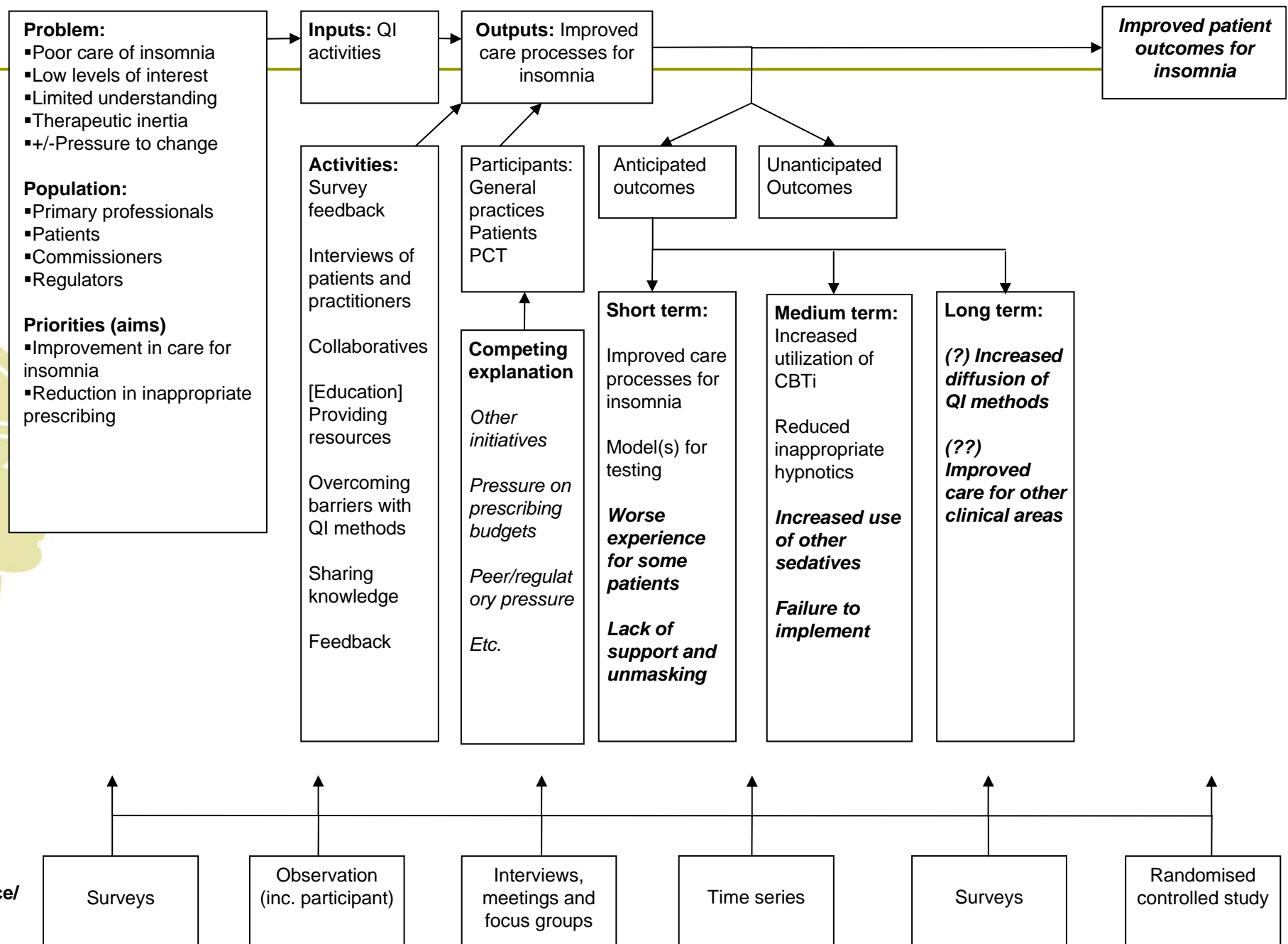


**Changes in
practice and
feedback**

How did change occur?

- ❑ Real engagement of practice staff
- ❑ Willingness to innovate and initiate change
- ❑ Better understanding of patient expectations and staff preconceptions
- ❑ Commitment to address educational and learning needs for patients and practitioners
- ❑ Overcoming barriers to implementing new tools and techniques
- ❑ Response to feedback on new tools and techniques
- ❑ Approach tailored to practice





Conclusions

- ❑ GPs and patients contributed to information for how care for insomnia could be improved
- ❑ Practices tested out new models of assessment and non-drug treatment including components of CBTi showing how these could be 'normalized' within a primary care setting
- ❑ This type of 'modelling' collaborative is helpful for developing new or adapting existing interventions prior to formal testing

Siriwardena AN et al. Effectiveness and cost-effectiveness of an educational intervention for practice teams to deliver problem focused therapy for insomnia: rationale and design of a pilot cluster randomised trial. *BMC Family Practice* 2009, **10**:9

Contributors

- ▣ Patients and GPs in Lincolnshire
- ▣ Michelle Tilling, NHS Lincolnshire
- ▣ Fiona Togher, NHS Lincolnshire
- ▣ Tanefa Apekey, NHS Lincolnshire
- ▣ Dr Zubair Qureshi, General Practitioner, Lincoln
- ▣ Dr Roderick Orner, University of Lincoln
- ▣ Dr Hugh Middleton, University of Nottingham
- ▣ Dr Jane Dyas, NIHR Research Design Service East Midlands
- ▣ Dr Tracey Sach, UEA
- ▣ Dr Casey Quinn, NIHR Research Design Service East Midlands
- ▣ Prof Michael Dewey, Institute of Psychiatry



Acknowledgements

- ❑ REST steering group
- ❑ Practice teams and patients
- ❑ Funding: Health Foundation
- ❑ Contact: nsiriwardena@lincoln.ac.uk
- ❑ Website: <http://www.restproject.org.uk/>





Thank you

Lincolnshire **NHS**
Teaching Primary Care Trust

